

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40027

STATE FILE NUMBER

FILED DEC 13 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1174

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Billings | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Davis Nursing Home 5 wks. | | | | Length of stay in lb | | d. STREET ADDRESS 1 mile SE | |
| 4. DATE OF DEATH December 7, 1957 | | | | Month Day Year | | | |
| 3. NAME OF DECEASED (Type or print) ANNA | | First Middle Last WIECK | | 4. DATE OF DEATH December 7, 1957 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 28, 1874 | |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY - - - | | 11. BIRTHPLACE (City and state or country) Fredrickburg, Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | | | |
| 13. FATHER'S NAME William Mickley | | | | 14. MOTHER'S MAIDEN NAME Clara Reineck | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Fred Wieck, Billings, Missouri | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Primary Carcinoma Sigmoid Colon. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs | |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Apr 1956 to 12-8-57 and last saw her alive on 12-8-57 Death occurred at 2:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Fred R. Farthing M. D. | | | | 22b. ADDRESS Med Art Bldy Springfield Mo. | | | |
| 22c. DATE SIGNED 12-10-57 | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/10/1957 | | 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Evangelical | | 23d. LOCATION (City, town, or county) (State) Billings, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Harris Funeral Home, Clever, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 12-12-57 | | 26. REGISTRAR'S SIGNATURE Edith Williamson | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner need certify to a death due to natural causes.

Health,
Welfare
Public
Service

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JUN 23 1958

MAR 11 1958

JAN 8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

J. Sean Harris

Licensed Embalmer No. 4390

P. O. Address *Cleveland, M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)..

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.